2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90041 040 ***150.00

DOCUMENT # 600314

1. Entity Name

SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, P.A.

Principal Place of Business	Mailing Address
JACOBSON. P.A. 4500 SHERIDAN STREET HOLLYWOOD FL 33021	JACOBSON. P.A. 4500 SHERIDAN STREET HOLLYWOOD FLA 33021-3516

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Pediatric Associates	4620 N State Rd 7
Suite, Apt. #, etc.: 4620 N St Rd 7 Bld H Ste 316	Suite, Apt. #, etc.: Bldg H Suite 316
City & State: Lauderdale Lakes FL	City & State: Lauderdale Lakes FL
Zip: 33319 Country: U.S.	Zip: 33319 Country: U.S.

4. FEI Number: 59-1198552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, JAMES CARY
6950 CYPRESS RD STE 207
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name: Gerson Preston
Street Address (P.O. Box Number is Not Acceptable): 6666 71st street
City: Miami Beach FL
Zip Code: 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEVIN, M.D. P 16100 VIA MONTEVERDE DELRAY BCH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHULMAN, M.D. P 3237 S PORT ROYAL DR FT LAUDERDALE FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACOBSON, M.D. J 4220 VAN BUREN ST HOLLYWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIEBERMAN, M.D. G 11600 ISLAND RD COOPER CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #